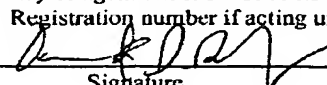
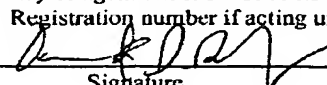
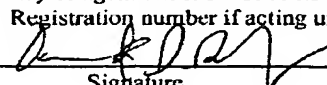


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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 003254-9												
<p align="center"><b>CERTIFICATE OF MAILING OR TRANSMISSION</b> (37 CFR 1.8(a))</p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop <u>Amendment</u>, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at 571-273-8300, on <u>October 17, 2005</u>.</p> <p>Signature: <u>Kathleen M. McManus</u> Name: <u>Kathleen M. McManus</u></p>	<p>In re Application of <u>Alexander HELLER et al.</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Application Number <u>10/660,741</u></td> <td style="padding: 2px;">Filed <u>09-12-2003</u></td> </tr> </table> <p><b>For ROOF FOR A CONVERTIBLE VEHICLE INCLUDING LOCKING DEVICE</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Group Art Unit <u>3612</u></td> <td style="padding: 2px;">Examiner <u>Joseph Pape</u></td> </tr> </table>		Application Number <u>10/660,741</u>	Filed <u>09-12-2003</u>	Group Art Unit <u>3612</u>	Examiner <u>Joseph Pape</u>								
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Group Art Unit <u>3612</u>	Examiner <u>Joseph Pape</u>													
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)</td> <td style="text-align: right;">\$ <u>120.00</u></td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380(003254-9)</u>. I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%; text-align: center;"> <u></u>            Signature  <u>David S. Safran</u>            Typed or printed name         </td> <td style="width: 50%; text-align: center;"> <u>October 17, 2005</u>            Date  <u>703-827-8094</u>            Telephone Number         </td> </tr> </table> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p>			<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ <u>120.00</u>	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)	\$ _____	<u></u> Signature <u>David S. Safran</u> Typed or printed name	<u>October 17, 2005</u> Date <u>703-827-8094</u> Telephone Number
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<input type="checkbox"/> Total of _____ forms are submitted.														

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OCT 17 2005

<b>FEE TRANSMITTAL FOR FY 2005</b> <i>Patent fees are subject to annual revision.</i>		<i>Complete if Known</i>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number: 10/660,741 Filing Date: 09-12-2003 First Named Inventor: Alexander HELLER et al. Examiner Name: Joseph Pape Art Unit: 3612 Attorney Docket No.: 003254-9	
<b>TOTAL AMOUNT OF PAYMENT</b> (\$120.00)			

<b>METHOD OF PAYMENT (check all that apply)</b> <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 19-2380(003254-9) Deposit Account Name: Nixon Peabody LLP The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				<b>FEE CALCULATION (continued)</b>																																																																																																																																																																																																																																													
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Total Claims: 9 - 20** = 0 X Fee from below = 0 Independent Claims: 2 - 3** = 0 X Fee from below = 0 Multiple Dependent: X Fee from below = 0 <b>SUBTOTAL (2)</b> (\$ 0) **or number previously paid, if greater; For Reissues, see above				I hereby certify that this correspondence is being: <input type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop _____ Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 <input checked="" type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at 571-273-8300 Date: October 17, 2005 Signature: Kathleen M. McManus Typed or printed name: Kathleen M. McManus																																																																																																																																																																																																																																													

<b>SUBMITTED BY</b>		<i>Complete if applicable</i>	
Name (Print/Type): David S. Safran Signature:	Registration No. (Attorney/Agent): 27,997	Telephone: 703-827-8094 Date: October 17, 2005	

SEND TO: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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